

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 28 1998 8:00 am
Secretary of State

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000567

P.S. ILTEX, LTD.



Mailing Address 1720 HARRISON STREET, 7TH FLOOR HOLLYWOOD FL 33020	Principal Office Address 1720 HARRISON STREET, 7TH FLOOR HOLLYWOOD FL 33020	3. Date Formed or Registered 05/28/1993	5a. Capital Contributions as Shown on record. \$990.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/02/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$ 990.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0413418 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent

CHIKOVSKY, FRED
1720 HARRISON ST., 7TH FLOOR
HOLLYWOOD FL 33020

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. 600002652076
City *****141.25 FL *****141.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
P.S. I-T, INC.	1720 HARRISON STREET,	HOLLYWOOD FL 33020	P93000038804

CR2E003 (8/98)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

2. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Margaret Bara, Secretary, P.S.I.T., Inc.* DATE *9/18/98*

Typed or Printed Name of General Partner Signing Form *MARGARET BARA, P.S.I.T., INC.* Daytime Telephone Number *(954) 920 4438*